

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

**Burson-Marsteller/Young & Rubicam Political Action Committee**

ADDRESS (number and street)

**1101 Vermont Street, NW**☒(Check if address  
is changed)**Suite 1000****Washington****DC****20005**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**ronna.sable.weber@bksh.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**2025304800**

2. DATE

**12****14****2006**

3. FEC IDENTIFICATION NUMBER

**C****C00201863**

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

**Mr. Charles R. Black, Jr.**

Signature of Treasurer

Electronically Filed by

**Mr. Charles R. Black, Jr.**

Date

**12****14****2006**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)



Write or Type Committee Name

**Burson-Marsteller/Young & Rubicam Political Action Committee**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mrs. Ronna Sable Weber**

Mailing Address **1801 K Street, NW**

**Suite 901-L**

**Washington** **DC** **20006** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Associate** **202** **530** **4836**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr. Charles R. Black, Jr.**

Mailing Address **1801 K Street, NW**

**Suite 901-L**

**Washington** **DC** **20006** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Chairman** **202** **530** **0500**

Telephone number - -

Full Name of Designated Agent

Mailing Address

**CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE 